

PLAINTIFF/PETITIONER/MOVANT'S NAME

Charles Clark

PRISON NUMBER

F-74636

PLACE OF CONFINEMENT

California Correctional Center

ADDRESS

P.O. Box 2500 Susanville, California 96127

FILED

JUN - 2 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY *[Signature]* DEPUTYUnited States District Court
Southern District of California

2254	<input checked="" type="checkbox"/>	1983
FILING FEE PAID		
Yes	<input checked="" type="checkbox"/>	No
IF MOTION FILED		
Yes	<input checked="" type="checkbox"/>	No
CONSENT TO		
Court	<input checked="" type="checkbox"/>	Pro Se

Charles CLARK

Plaintiff/Petitioner/Movant

v.

People of The State of California,

Defendant/Respondent

'08 CV 0989 W RBB

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, Charles Clark

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

☐ Yes ☒ No

Do you receive any payment from the institution?

☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Albertson's Dale Palm Road, Cathedral City California
\$9.00 per hour X 25-30 hrs weekly from June of 2006
to September of 2006

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: _____ Year: _____ Model: _____
- b. Is it financed? ☐ Yes ☐ No
- c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. **NONE**

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

\$1233.00 — Court fees and Restitution for State of California Superior Court

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): **NONE**

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I am incarcerated, state takes care of me.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

Charles Clark

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Charles T. Clark
(NAME OF INMATE)

F-74636

(INMATE'S CDC NUMBER)


has the sum of \$ 0 on account to his/her credit at California
Correctional Center
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A
to his/her credit according to the records of the aforementioned institution. I further certify that during
the past six months the applicant's *average monthly balance* was \$.61¢
and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

5/27/08

DATE



SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Charene J. Ringo

OFFICER'S FULL NAME (PRINTED)

Accounting Technician

OFFICER'S TITLE/RANK

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA CORRECTIONAL CENTER
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 27, 2007 THRU MAY 27, 2008

ACCOUNT NUMBER : F74636

BED/CELL NUMBER: AU850000000018U

ACCOUNT NAME : CLARK, CHARLES TATE

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
------	------	-------------	---------	-----------	----------	-------------	---------

11/27/2007		BEGINNING BALANCE					3.67
------------	--	-------------------	--	--	--	--	------

12/04	W512	LEGAL POSTAGE 2119 LGLMA				1.31	2.36
-------	------	--------------------------	--	--	--	------	------

12/27	W512	LEGAL POSTAGE 2492 LGLMA				2.36	0.00
-------	------	--------------------------	--	--	--	------	------

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/08/2008	H109	LEGAL POSTAGE HOLD	4547 LGLMA	0.41
05/16/2008	H109	LEGAL POSTAGE HOLD	4692 LGLMA	0.41
05/16/2008	H109	LEGAL POSTAGE HOLD	4692 LGLMA	0.41

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
3.67	0.00	3.67	0.00	1.23	0.00

CURRENT
AVAILABLE
BALANCE

1.23-



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *[Signature]*
TRUST OFFICE